



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: 13013SH3120

Work Order Type: Weatherization

Audit Name: 13013SH3120

CLIENT INFORMATION

Client ID: 13013SH3120

AGENCY INFORMATION

Agency: Shelby County Community Services Agency

Agency Phone: (901) 222-4280

Address: 3772 South Hickory Ridge Mall, Suite 516
Memphis, TN 38115

Fax: (901) 222-4313

Email Address:

Agency Contact: GAILLARD, GREG

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Measures

Measure 1 Infiltration Redctn

Components

Inspected

Comment ASPP KITCHEN SINK, DRAIN & SUPPLY LINES
REPLACE PLENUM AND RESEAL BOOTS AND JOINTS
ADD LATCH TO SECURE CRAWL SPACE DOOR FOR INFILTRATION
AIR SEAL WHOLE HOUSE ATTIC FAN 36X36X24
AIR SEAL ATTIC STAIRS
AIR SEAL AROUND FIREPLACE WHERE BRICKS MEET WALL
SEAL BRICK AT FRONT DOOR

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Miscellaneous Su	Infiltration Reduction	Each	1					
2	Labor	Infiltration Reduction		1					

Other Detail

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 User-Spec Ceiling R

Components A1

Inspected

Comment 1200 FT OF R-30

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1200					
2	Labor	Attic Insulation - Blown Cellulose - R-30	Each	1200					

Other Detail

Measure Sub Total:

Sub Total:

Field Notes:

Measure 3 CO Monitor is Needed**Components****Inspected****Comment** QTY 2☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	CO monitor	Each	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 4 Practice Lead Safe Weatherization (Walls)****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**